



# LOS ANGELES COUNTY COMMISSION ON HIV

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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## COMMISSION ON HIV MEETING MINUTES January 14, 2010

**Approved**  
**2/11/2010**

MEMBERS PRESENT	MEMBERS PRESENT	PUBLIC, CONT.	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Robert Sotomayor	Ryan Elleson	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Tonya Washington-Hendricks	Miguel Fernandez	Kyle Baker
Everett Alexander	Kathy Watt	Susan Forrest	Michael Green
Al Ballesteros	Fariba Younai	Aaron Fox	Juhua Wu
Fredy Ceja		Fanny Garcia	Dave Young
James Chud		Elizabeth Gomez	
Nettie DeAugustine	<b>MEMBERS ABSENT</b>	Miki Jackson	
Whitney Engeran-Cordova	Sergio Aviña	Thelma James	<b>COMMISSION STAFF/CONSULTANTS</b>
Douglas Frye	Carrie Broadus	Richard Kearns	
David Giugni	Robert Butler	David Kelly	Erinn Cortez
Terry Goddard	Eric Daar	AJ King	Julie Cross
Jeffrey Goodman	Quentin O'Brien	Ingrid Marchus	Carolyn Echols-Watson
Michael Johnson	Stephen Simon	Victor Martinez	Dawn McClendon
Lee Kochems	Chris Villa	Meyer Miller	Jane Nachazel
Bradley Land		Ric Parish	Glenda Pinney
Ted Liso		Vicky Pulatian	Doris Reed
Anna Long	<b>PUBLIC</b>	R. Sanchez	James Stewart
Jenny O'Malley	Dyneisha Austin	Elana Stone	Craig Vincent-Jones
Everardo Orozco	H. Avilez	Joel Torrez	Nicole Werner
Dean Page	Robert Boller	Nick Truong	
Angélica Palmeros	Donna Brown	Silvia Valerio	
Mario Pérez	Genevieve Clavreul	Sharon White	
Karen Peterson	David Crain	Jason Wise	
Jennifer Sayles	Thanh Doan		

1. **CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:15 am.
  - A. **Roll Call (Present):** Alexander, Bailey, Ballesteros, Braswell, Ceja, Chud, DeAugustine, Engeran-Cordova, Frye, Giugni, Goddard, Goodman, Johnson, Kochems, Land, Liso, Long, O'Malley, Orozco, Page, Palmeros, Pérez, Peterson, Sayles, Sotomayor, Washington-Hendricks, Watt, Younai
2. **APPROVAL OF AGENDA:**

**MOTION 1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**

**MOTION 2:** Approve the minutes from the October 8, 2009 Commission on HIV meeting and the November 12, 2009 Annual Commission on HIV meeting (*Passed by Consensus*).

**4. CONSENT CALENDAR:**

**MOTION 3:** Approve the Consent Calendar with Motions 4 and 5 pulled for later consideration (*Passed by Consensus*).

**5. PARLIAMENTARY TRAINING:** There was no report.

**6. PUBLIC COMMENT, NON-AGENDIZED:**

- Mr. Kearns announced there will be a LA City Grassroots Elder HIV/AIDS Advocacy Summit and New Media Training on 2/12/2010 to assist older PWHIV develop Internet and media advocacy skills. The City Hall Summit will be free and will include wireless access. Attendees are encouraged to bring their own and, if possible, extra laptops.
- Ms. Forrest reminded all of the Coping With Hope Conference and HIV Testing Summit.

**7. COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.

**8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

**9. CO-CHAIRS' REPORT:**

- Mr. Orozco is retiring from the Commission. All thanked him for his contributions especially as a representative of the Spanish-speaking and SPA 2 communities. Mr. Orozco thanked all for their support and said he plans to remain involved.
- Mr. Braswell noted that Ms. Bailey had been recently honored by the CAEAR Coalition.

**A. Co-Chair Elections:**

**MOTION 4:** Elect Carla Bailey Commission Co-Chair for the 2010-2012 term (*Passed Unanimously*).

- B. Committee Co-Chair Nominations:** Mr. Braswell instructed Committees to nominate/elect their co-chairs at their next meetings.

**10. PREVENTION PLANNING COMMITTEE (PPC) REPORT:**

- Mr. Giugni reported that PPC discussed improved Commission/PPC coordination and collaboration at its 1/7/2010 meeting.
- They heard presentations on the budget/planning process by Dr. Green, OAPP, along with presentations on gay men and heterosexual women.
- The PPC elected the following new members: Andy Handler, Josh Riley and Kathy Watt.

**A. HIV Prevention in LA's Transgender Community:**

- Mr. King, CA STD/HIV Prevention Training Center, PPC Co-Chair, and Commission-PPC Integration Task Force member, reprised his report to UCHAPS and the PPC on HIV Prevention in LA's Transgender Community.
- The PPC has addressed transgender issues since 1996, and accepted recommendations from its Transgender Task Force in 2009. The community has an exceptionally high HIV-positive rate at 14%, especially for those who are Male-to-Female (MTF), in particular MTF of color.
- There are risks for Female-to-Male (FTM), as well, especially those who identify as gay men or have sex with men. An awareness of that population was incorporated throughout the recommendations, rather than making them a separate category. It is especially important in the program practices category to ensure services are transgender-friendly to the entire spectrum of the community.
- The Transgender Task Force made 30 recommendations in data, program practices, leadership/human resources, and legal issues/immigration. OAPP funded all five HE/RR transgender-targeted RFP proposals.
- Lessons learned include: more effective collaboration with the Health Department, targeted testing and prevention, effective transgender prioritization despite lack of full data, and programs need to go beyond individual behavioral assistance to address structural factors like housing and unemployment.
- Mr. King noted a key recommendation is to ensure providers are aware that gender, identity, gender expression and sexual orientation are distinct. It is important not to make assumptions based on external appearance. A related data recommendation suggested a two-part intake question: 1. What is your sex/gender? (Check all that apply.); and 2. What sex were you assigned at birth? The latter helps identify transgenders who do not self-identify as such. Trainings are available to help providers make their intake and other program practices transgender-friendly.
- Dr. Frye, Director, HIV Epidemiology Program, noted the State began using MTF and FTM in 2002 when it began HIV reporting, but encountered significant resistance. HIV Epi has been trying to get it included in the LA Health Survey, but, even if they are successful, numbers might be too small for analysis.
- Mr. King said, as a transgender, the community is grateful for provider efforts, even if they do not translate to funding.
- Mr. Martinez, Bienestar, said key program aspects are leadership development, community engagement and job skills.

- Mr. Giugni, City of West Hollywood, said the City has contracted with the LA Gay and Lesbian Center Transgender Economic Empowerment Program for four years. It targets those at high risk with job training and case management services.
- Ms. Watt, Van Ness Recovery House, reported UCHAPS is finalizing a transgender services best practices document and San Francisco has a book on the subject. On 1/1/2010, Van Ness added a blank line on their intake form for each transgender to indicate how he/she wishes to be identified in data collection. It has both provided valuable information for Van Ness, but also provided opportunities for clients to express their identities among their peers.

**11. EXECUTIVE DIRECTOR'S REPORT:** Mr. Vincent-Jones announced that Ms. Echols-Watson would be leaving the Commission for another County position. He complimented her invaluable support to the JPP Committee as well as in many fiscal and administrative areas.

A. **Dental Services Brief:** The HIV Oral Health Care Service Program/Planning News, previously released in English, is now also available in Spanish.

**13. STANDING COMMITTEE REPORTS:**

A. **Joint Public Policy (JPP) Committee:**

1. ***State Budget 2009/10 and 2010/11:***

- Julie Cross, Benefits Consultant, provided an overview of the Governor's 2010/2011 initial budget proposal released 1/8/2010 for the fiscal year starting 7/1/2010. The proposal includes a baseline budget assuming proposed federal funding, with more severe cuts triggered if \$6.9 billion in federal funds are not secured by July.
- The budget addresses a \$19.9 billion shortfall, including \$6.6 billion carried over from the current year. The baseline proposal seeks to fill the gap with spending reductions, funding shifts and federal funds, but no tax increases.
- It increases ADAP General Fund support by \$87.5 million to \$158.311 million in lieu of Drug Rebate Fund depletion. It also, however, eliminates \$9.5 million in ADAP support to 36 county jail systems serving 2,027 individuals, about two-thirds of those are in Los Angeles County. Overall, the result was better than expected, mainly due to early advocacy.
- The Governor also called a Special Session which requires the Legislature to address the budget within 45 days. Due to the special session, some cuts are targeted to start prior to the fiscal year anytime from March through June.
- Decreases to Medi-Cal costs include: \$750 million in unspecified service limits, utilization controls and increased cost-sharing; \$118 million by eliminating coverage for recent immigrants; \$104 million by eliminating adult day care; \$55 million by delaying provider payments one week per month; and \$28.7 million by rescinding the family planning rate increase. \$26.4 million would be added to increase fraud prevention activities.
- In-Home Supportive Services (IHSS) would be cut \$950 million by eliminating all clients except those with highest need, and with a reduction of the state contribution to the IHSS provider's hourly wage.
- Supplemental Security Income (SSI/SSP) would be cut for the fourth time in one year, by \$15 to \$830.
- The Cash Assistance Program for Immigrants (CAPI), California Food Assistance Program (CFAP) and the Substance Abuse Offender Treatment Program would be eliminated.
- Other cuts proposed are: reduction of CalWORKS monthly recipient grants; Healthy Families eligibility reduction from 250% to 200% FPL, monthly premium increase, and elimination of vision coverage; additional one-time funding redirection to several health and human service programs.
- Proposed federal funding includes: \$3 billion for Medi-Cal by increasing the federal funding ratio from 50% to 57% (\$1.8 billion) and extending FMAP stimulus provisions (\$1.2 billion); extending CalWORKS stimulus increase for \$538 million; \$1 billion in funding relief from Medicare adjustments; and increased reimbursement for Special Education and to offset the cost of incarcerating undocumented immigrants. Prospects of receiving those federal funds are not good.
- Additional proportional proposed cuts if federal funds are not secured include: elimination of Medi-Cal benefits not required by federal law and programs like breast and cervical cancer treatment, and Medically Indigent Long-Term Care; reduction of Medi-Cal eligibility to federal minimums of 72% FPL for most adults and 133% for children and women; elimination of CalWORKS, IHSS, Healthy Families, Major Risk Insurance Program and other health services programs, and Every Woman Counts cancer screening, asthma control and Family PACT family planning programs; and redirection of Mental Health Services Act (Prop 63) funds to existing mental health services.
- The Legislature will start subcommittee meetings in February. Some budget provisions may begin as early as March. The Legislature will review subcommittee reports and begin final negotiations after the Governor releases his May Revise. The final budget is due to the Governor for signature in June 2010.

- Mr. Pérez reported that oral health provider anecdotal comments indicates the loss of Denti-Cal and other economic stressors has increased patient load and service requests. Mr. Fox noted APLA demand has increased 35%. Dr. Green's analysis of Medical Outpatient also suggests an increase over the last few years for these reasons.
- Mr. Vincent-Jones noted CHIPTS is attempting to analyze the effect of cuts. The Commission's service effectiveness evaluation data will also provide some insight if done two consecutive years.
- Regarding ADAP, Ms. Cross noted the Legislature requires an ADAP Estimate Package released concurrent with the budget. Funding is not yet stabilized despite the budget's proposed funding infusion. Mr. Pérez noted that projections may still underfund ADAP. Analysis continues and will be addressed at the next JPP Committee.
- Mr. Pérez noted Dr. Sayles and Mark Malick, Sheriff's Department Infectious Disease, are hosting a work group on 1/15/2010 to develop a more responsive jail service delivery model. Dr. Jonathan Fielding, Director, Public Health, Sheriff's Department leaders, Public Health and DHS programs and community-based providers are participating. Dr. Sayles added issues cross the spectrum, e.g., system level issues versus an inherently transient population. The law requires appropriate medical care for the incarcerated, so the County must compensate for lost State funds.
- Several said even the base budget is not State or HIV cost effective as so many people would lose services that the additional burden on HIV services and health care overall would trigger health declines and more expensive care.
- Several emphasized long-term planning to address the underlying budget issues as well as current issues.
- Mr. Vincent-Jones said advocacy going forward will be a balancing act as the Governor treated ADAP well compared to other programs he cut. It is important not to appear ungrateful while addressing other concerns, especially the severe impact to the County as health provider of last resort. He also called attention to the exceptional advocacy achievement in protecting ADAP and Ms. Cross's important contributions in advocacy, leadership and proposals.
- ➡ Agreed to do Policy Briefs to inform stakeholders about proposals and how they can advocate for threatened services.

2. **AIDS Drug Assistance Program (ADAP):** There was no additional discussion.

3. **Health Care Reform:**

- Ms. Cross reported the Senate passed their version on 12/24/2009. Senate and House leadership are now in negotiations to merge the two bills. Passage of a bill is not expected before February.
- States are becoming concerned about costs, e.g., Medicaid benefits. The White House has become more active in working with governors and Congress to ameliorate those costs.
- Mr. Goodman was concerned that the seemingly favored Senate version could be harmful to many groups, especially the undiagnosed aging HIV+. He encouraged JPP to analyze and support options.

B. **Priorities & Planning (P&P) Committee:** Conflicts of interest were identified.

1. **Revised FY 2010 Allocations:**

- Mr. Goodman thanked everyone for the extraordinary work leading to this revision of FY 2010 (3/1/2010-2/28/2011) allocations - the fourth allocations process in twelve months. The first was for YR 19 which still used Part A and B. It was understood YR 19 revisions might be needed due to the deteriorating State budget, but YR 20 allocations proceeded to meet Ryan White requirements. It then became necessary to revise YR 19 allocations due to State budget changes. It is now necessary to revise YR 20 principally to conform to changes required in YR 19.
- Some changes are needed to stabilize services since percentages represent different amounts with funding decreases, e.g., some categories were defunded in FY 19 revisions but were still funded in FY 20.
- Another key change is in the nature of funding. Previously, Part A came from Ryan White and Part B from the State. The State has now shifted to a Single Allocation Model (SAM) which combines all Part B funds for the County, including both funds previously directed to the County and directly funded programs. While that appears to be an increase, it's actually a net loss because it entails the County compensating funding for the previously directly funded programs or eliminating the services.
- FY 20 used a threshold of \$21 million for Medical Outpatient, but P&P has found that using percentage allocations is more efficient and responsive to funding increases/decreases. Percentages were translated into dollars for P&P discussion and allocation to better evaluate SAM, other funding changes and new service responsibilities, then converted back to percentages.
- Committee recommendation for increase is:
  - ① **Early Intervention Services** increased by 3.2% (from 0.0% to 3.2%):  
**Justification:** Previously, a majority of EIS services were contracted directly by the State; this allocation reflects the local Ryan White commitment to continue these services. This category is a priority because it links people with HIV/AIDS into medical care, including those who know that they are HIV+ but are not accessing medical care (unmet need) and those who were previously unaware of their HIV+ status (both HRSA priorities).

- Committee recommendations for decreases to reflect service delivery system changes made in Fall 2009, better distribute existing resources, or conform to original intended allocation with a larger pool of funding are:
  - ② **Medical Outpatient/Specialty** reduced by 0.9% (from 59.5% to 58.5%):  
*Justification:* The allocation percentage was reduced, but the dollar amount actually increased by \$2 million, from \$21 million to \$23 million. The increase can help mitigate additional Therapeutic Monitoring Program (TMP) expenses, previously funded through OA; treatment adherence counseling; and additional nutrition screening expenses. Allocated for FY 2010 as a threshold, a return to percentage allocation is now deemed more effective.
  - ③ **Medical Transportation** was reduced by 1.0% (from 2.7% to 1.7%).  
*Justification:* Consistent with OAPP's recommendations and reduced allocations in FY 2009, a reduced allocation for this service category is not expected to reduce client services: 1) OAPP will be revising service guidelines and limiting bus pass distribution to fewer providers, and 2) both OAPP and providers have determined that misuse of bus pass availability can be tightened significantly.
  - ④ **Medical Nutrition Therapy** was reduced by 1.0% (from 1.0% to 0.0%).  
*Justification:* Conforming to the decision in FY 2009 to zero the allocation for this service category, consistent nutrition screenings in the medical outpatient visits (e.g., physicians can provide the service or refer out) can absorb some of the impact from loss of these services.
  - ⑤ **Case Management, Home-based** was reduced by 0.2% (from 1.0% to 0.8%).  
*Justification:* This service was directly funded by the State Office of AIDS. The Committee and OAPP concurred to use Net County Cost (NCC) funds to partially backfill State funding reductions.
- **Complete revised FY 2010 Allocations are as follows:**

Service Category	FY 2010 Ranking	Revised FY 2010 Allocation	FY 2010 Allocation	Adjusted FY 2009 Allocation
<b>Medical Outpatient/Specialty</b>	1	<b>58.5%<sup>1</sup></b>	<b>\$21M<sup>1</sup></b>	<b>54.5%<sup>1</sup></b>
<b>AIDS Drug Assistance Program (ADAP)/ ADAP Enrollment</b>	2	0.0%	0.0%	0.0%
<b>Local Pharmacy Program/ Drug Reimbursement</b>	3	<b>58.5%<sup>1</sup></b>	<b>\$21M<sup>1</sup></b>	<b>54.5%<sup>1</sup></b>
Benefits Specialty	4	<b>2.0%</b>	<b>2.0%</b>	0.0%
<b>Oral Health Care</b>	5	<b>3.7%</b>	<b>3.7%</b>	<b>3.0%</b>
<b>Mental Health, Psychiatry</b>	6	<b>2.5%</b>	<b>2.5%</b>	<b>2.6%</b>
<b>Mental Health, Psychotherapy</b>	7	<b>6.5%</b>	<b>6.5%</b>	<b>5.3%</b>
<b>Case Management, Medical</b>	8	<b>1.5%</b>	<b>1.5%</b>	<b>1.2%</b>
Case Management, Psychosocial	9	<b>7.6%</b>	<b>7.6%</b>	<b>7.1%</b>
<b>Early Intervention Services</b>	10	<b>3.2%</b>	<b>0.0%</b>	<b>2.5%</b>
<b>Health Insurance Premiums/Cost Sharing</b>	11	<b>1.0%</b>	<b>1.0%</b>	0.0%
Substance Abuse, Residential	12	<b>6.5%</b>	<b>6.5%</b>	<b>7.0%</b>
<b>Substance Abuse, Treatment</b>	13	0.0%	0.0%	0.0%
Residential, Transitional	14	0.0%	0.0%	0.0%
Residential, Permanent	15	NF <sup>2</sup>	NF <sup>2</sup>	NF <sup>2</sup>
Outreach	16	0.0%	0.0%	0.0%
Medical Transportation	17	<b>1.7%</b>	<b>2.7%</b>	<b>1.6%</b>
<b>Treatment Education</b>	18	0.0%	0.0%	<b>2.7%</b>
<b>Medical Nutrition Therapy</b>	19	0.0%	<b>1.0%</b>	<b>0.8%</b>
Nutrition Support	20	<b>1.0%</b>	<b>1.0%</b>	<b>0.9%</b>
Legal	21	0.0%	0.0%	0.0%
Case Management, Transitional	22	<b>1.5%</b>	<b>1.5%</b>	<b>1.3%</b>
Direct Emergency Financial Assistance	23	0.0%	0.0%	0.0%
Case Management, Housing	24	0.0%	0.0%	0.0%
Language/Interpretation	25	0.0%	0.0%	0.0%
<b>Skilled Nursing</b>	26	<b>2.0%<sup>3</sup></b>	<b>2.0%<sup>3</sup></b>	<b>1.6%<sup>3</sup></b>
<b>Home Health Care</b>	27	0.0%	0.0%	0.0%
<b>Case Management, Home-based</b>	28	<b>0.8%</b>	<b>1.0%</b>	<b>7.8%</b>

<b>Hospice</b>	29	<b>2.0%</b> <sup>3</sup>	<b>2.0%</b> <sup>3</sup>	<b>1.6%</b> <sup>3</sup>
Child Care	30	0.0%	0.0%	0.0%
Workforce Entry/Re-entry	31	0.0%	0.0%	0.0%
Rehabilitation	32	0.0%	0.0%	0.0%
Health Education/Risk Reduction	33	0.0%	0.0%	0.0%
<b>Counseling and Testing in Care Settings</b>	34	<b>58.5%</b> <sup>1</sup>	<b>\$21M</b> <sup>1</sup>	<b>54.5%</b> <sup>1</sup>
Referrals	35	0.0%	0.0%	0.0%
Peer Support	36	0.0%	0.0%	0.0%
Respite Care	37	0.0%	0.0%	0.0%
Psychosocial Support	38	0.0%	0.0%	0.0%

**Bolded** services are core medical services.

<sup>1</sup> Medical Outpatient/Specialty services include Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings.

<sup>2</sup> Not fundable by Ryan White Program Parts A and B.

<sup>3</sup> The allocation is combined for these two service categories.

- Mr. Pérez said Case Management, Home-based is under review. Historically, it has been funded by the Medi-Cal Waiver Program, directly funded by the State, and OAPP. The State provided transition funding when it moved to SAM for the first four months and OAPP invested about \$1 million from its SAM. Overall, the service suffered about a \$2 million cut for FY 19 minus the State's \$1 million in transition funds. It is expected to suffer the full \$2 million cut for FY 2010. OAPP will do its best to maximize available funds, but does not guarantee full funding.
- Mr. Page asked about further revisions. Ms. Watt noted P&P is developing parameters for other potential revisions. Mr. Vincent-Jones added allocations are normally revised to reflect Ryan White award in February or March.
- Mr. Liso asked why neither Transitional nor Permanent Residential was funded. Ms. Watt replied P&P first assesses priority. Allocation considers other funding resources. Residential, Permanent cannot be funded by Ryan White.

**MOTION 5:** Approve revisions to the FY 2010 allocations, as presented (*Passed by Consensus*).

**B. Standards of Care (SOC) Committee:**

1. *Medical Outpatient Standard of Care:* Revisions are being finalized and the standard will be presented in February.
5. *Medical Care Coordination (MCC) TA:* The process is on-going. A report should be available in February.

**D. Operations Committee:**

- Mr. Johnson encouraged those with terms expiring in June to begin preparing their renewal applications now.
- He noted training will be developed in the next six months. He encouraged Commissioners to offer their suggestions.

1. *Member Nomination:*

**MOTION #6:** Nominate Angélica Palmeros for the City of Pasadena seat and Nettie DeAugustine for the City of Long Beach seat and forward to the Board of Supervisors for appointment (*Passed as part of the Consent Calendar*).

**14. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:**

**A. Residential Services Modifications:**

- Mr. Pérez, Director, OAPP, reported on Residential Services revisions planned for implementation in late 2010/early 2011. Mr. Vega-Matos has assessed services in consultation with providers. Revision work will begin in late February.
- The current investment for both care and housing is \$21,839,789 comprised of: OAPP, \$7,051,034; and HOPWA, \$14,788,755. The current OAPP portfolio supports Emergency Housing, Transitional Housing, Residential Facilities for the Chronically Ill (RCFCI), Adult Residential Facilities (ARF), Skilled Nursing Facilities (SNF) and Hospice.
- Historically, OAPP conducts annual planning and the City of Los Angeles hosts the LA Countywide HIOWA Advisory Committee that makes funding recommendations to the City, the largest city in the Eligible Metropolitan Statistical Area (EMSA).
- OAPP current investments are:

Service	For	Funding	Agencies	Beds/ Days	Clients
Emergency Housing	Up to 30 days for homeless PWH/A	271,711	4	18b	216
Transitional Housing	Up to 120 days for homeless PWH/A	210,347	3	20b	135
Residential Facilities for Chronically Ill	Care/supervision for homeless PWH/A families/individuals who need assistance	4,868,185	4	99b	231

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(RCFCI)	with activities of daily living				
Adult Residential Facilities (ARF)	Care/supervision for homeless PWH/A families/ individuals who need occasional assistance with activities of daily living	1,047,049	2	26b	50
Skilled Nursing Facilities (SNF)	24-hour inpatient nursing care and/or skilled rehabilitation to PWH/A on daily basis pursuant to physician orders	583,542	1	1,621d	4
Hospice Services	24-hour supportive care for the terminally ill with life expectancy of 6 months or less	70,200	1	234d	2

- He noted RCFCI developed mostly in the 1990s. While distributed geographically, their locations were determined more by licensing availability than would be preferred according to patient demographics.
- OAPP engaged in a year of intensive review to identify how to improve services including site visits and chart review.
- OAPP and HOPWA overlap services in Emergency Housing and Transitional Housing. OAPP has had numerous discussions with Sacramento and their local offices of the California Community Care Licensing Division which oversees State Title 22 regulations for residential services.
- Regulations, standards and services were developed 15 years ago and have not been revised to reflect epidemic changes. They are inconsistent with Federal regulations which, e.g., have some 24-month time limits while the State has none.
- OAPP seeks to better match need with services. Some clients, for example, receive full supportive services even though they may have jobs or are otherwise able to assist in their daily living needs. Self-sufficiency lacks incentives.
- OAPP plans to sunset the OAPP investment in Emergency Housing and Transitional Housing effective 2/28/2010. It will work with HOPWA to make this transition smooth. Mr. Doan noted HOPWA's \$14,788,755 includes non-housing expenses like case management, food, administration and development, but is actively working to accommodate OAPP needs.
- OAPP also plans to reconfigure ARF services to a transitional group home model. This will provide needed services and staff while reducing the rate for more efficiently targeted resources.
- OAPP will tighten eligibility requirements so clients whose functionality has improved can be transitioned to appropriate services. Quarterly assessments will use both the Global Assessment of Functioning (GAF) and the Karnofsky Scale.
- Time limits of 24 months for RCFCI and 12 months for ARF will be established, but with exception clauses to respond to a physician's request for extension based on client progress. RCFCI beds will be reduced from 99 beds to 80.
- The combined sunset of Emergency Housing and Transitional Housing plus changes to ARF and RCFCI will reduce OAPP funding to \$5,420,660, saving \$1.6 million, while increasing services for clients who are sick or need assistance.
- Board Offices have been briefed. There have been conversations with the Commission, HOPWA, Public Health leadership and current RCFCI providers.
- The Board will be asked to extend RCFCI, ARF, SNF and Hospice for one year while new RFPs are prepared and standards updated. Meanwhile, work will continue to update Title 22.
- Ms. O'Malley recommended speaking with others beside the SNF/Hospice provider. She gets numerous calls a month seeking help to find hospice/skilled nursing placements for clients. Mr. Pérez replied that current funding for those services will be maintained and OAPP is assessing options for clients to receive services at home.
- Mr. Land asked about self-sufficiency incentives and properly assessing fluctuations in acuity. Mr. Pérez replied the quarterly Karnofsky daily living assessment often stays the same while the Global Assessment of Functionality (GAF) often picks up issues such as psychosocial issues. Title 22 now precludes clients from paying room and board but, if someone is fully employed, that client might choose to leave if asked to pay up to 30% of income. These more targeted assessments and approaches can free beds for those most need.
- Mr. Orozco asked about eligibility. Mr. Pérez said physicians refer and providers assess eligibility. Legal status is not a criterion.
- Mr. Goddard asked about early prisoner release. Mr. Pérez estimates 500 clients more per year will enter the County straining existing medical care and case management services. State Corrections funded Transitional Case Management Program has been revised with six, down from nine, staff to work with inmates. Mr. Vega-Matos was going to provide an orientation for them later that day to improve their awareness of available resources.
- Mr. Kearns lives in assisted care and has lived in a SNF. He expressed concern about mismanagement. He feels more basic assisted care – cleaning and meals – is needed. It was hard for him to get accepted. Several said he was “too alert.” The basic case helps him stay active. He advocated for HIV community managed assisted basic care.
- ➡ JPP will re-prioritize revision of Title 22 to coordinate with OAPP's efforts. It had been deferred due to the prior focus on budget issues.



- ➡ Agreed to develop a structure to review post-incarcerated needs, such as housing and maintaining sobriety.
- ➡ OAPP is developing a map of site locations and will provide it to the Commission when available.

**B. FY 2009 Funding Cuts Implementation:**

- Mr. Pérez reported the last of service categories to sunset will do so in February.
- OAPP continues to seek administrative budget economies. Annualized cuts were effective 12/1/2009. Overall, administrative costs have been reduced \$2.9 million: approximately \$2.4 million from OAPP and \$500,000 from the Commission.

**15. STATE OFFICE OF AIDS (OA) REPORT:** There was no report.

**16. HIV EPIDEMIOLOGY PROGRAM REPORT:**

- Dr. Frye, Director, said end-of-year data was submitted to the State which has submitted it to the CDC and HRSA.
- There were about 25,000 PWA and 20,000 PWH in the County, including some still named only by code.
- The incidence estimate has been revised based on 2007 data to 2,500 in a range of 2,000-3,000, from the previous 1,500.
- The eHARS system is running, but is still being improved to meet CDC qualification standards.
- It is hoped that surveillance will be spared major budget cuts. The State Department of Public Health expects about a 9% cut.
- He added that data for the national study on case definitions for presumed heterosexual women will be analyzed in January. The County is serving as a control jurisdiction for the study. Some results are expected in mid-2010 to improve the definition.

**17. BENEFITS REPORT:** There was no additional information.

**18. CONSUMER CAUCUS REPORT:** Mr. Pérez planned to meet with the Caucus after the Commission.

**19. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:** There were no reports.

**20. TASK FORCE REPORTS:**

- A. **Commission Task Forces:** There were no reports.
- B. **Community Task Forces:** There were no reports.

**21. SPA/DISTRICT REPORTS:**

- Mr. Land thanked Mr. Orozco for his help in mobilizing consumers during his time on the Commission.
- **SPA 6:** Ms. White reported 38 providers at the November meeting. The Executive Committee met in December to discuss health disparities, the focus for 2010. There will be activities in February for National Black HIV/AIDS Awareness Day.

**22. COMMISSION COMMENT:** There were no comments.

**23. ANNOUNCEMENTS:** Mr. Alexander said Life Group Los Angeles is hosting an HIV+ Weekend Seminar 1/23-24/2010, 8:00 am to 8:00 pm. There will be presentations with physicians, nurses, therapists and long-term survivors, as well as support groups.

- A. **Electronic Conflict-of-Interest Filing:** Mr. Vincent-Jones announced that the annual, required Conflict of Interest form will now be submitted electronically. Commissioners will probably receive an email shortly from the Executive Office.

**24. ADJOURNMENT:** Mr. Braswell adjourned the meeting at 1:15 pm.

- A. **Roll Call (Present):** Alexander, Bailey, Braswell, Ceja, Chud, DeAugustine, Engeran-Cordova, Frye, Giugni, Goodman, Johnson, Kochems, Land, Long, O'Malley, Orozco, Palmeros, Pérez, Sotomayor, Washington-Hendricks, Watt



**Commission on HIV Meeting Minutes**

January 14, 2010

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<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION #1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #2:</b> Approve the minutes from the October 8, 2009 Commission on HIV meeting and the November 12, 2009 Annual Commission on HIV meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #3:</b> Approve the Consent Calendar with Motions 4 and 5 pulled for later consideration.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4:</b> Elect Carla Bailey Commission Co-Chair for the 2010-2012 term.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #5:</b> Approve revisions to the FY 2010 allocations, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #6:</b> Nominate Angélica Palmeros for the City of Pasadena seat and Nettie DeAugustine for the City of Long Beach seat and forward to the Board of Supervisors for appointment.	<i>Passed as part of the Consent Calendar</i>	<b>MOTION PASSED</b>